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## BIB DATA SHEET

CONFIRMATION NO. 8285

<b>SERIAL NUMBER</b> 09/370,619	<b>FILING or 371(c) DATE</b> 08/07/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3694	<b>ATTORNEY DOCKET NO.</b> 04697 - P0007A	
<b>APPLICANTS</b> MICHAEL DAVID ERLANGER, WESTPORT, CT; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/178,400 10/24/1998 ABN and is a CIP of 09/296,573 04/22/1999 PAT 6,594,635 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 08/24/1999					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /DANIEL LAWSON GREENE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD, CT 06905-5619 UNITED STATES					
<b>TITLE</b> DATA PROCESSING SYSTEM FOR PROVIDING AN EFFICIENT MARKET FOR LOANS AND LINES OF CREDIT					
<b>FILING FEE RECEIVED</b> 4019	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		